

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	6784	6/12/00
O.I.P.E. CLASSIFIER	EW	1	8/1/00
FORMALITY REVIEW	LA	390	8/6/00
RESPONSE FORMALITY REVIEW	LA	390	10-31-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	10/17/00
2	10/17/00
3	10/17/00
4	10/17/00
5	10/17/00
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50	10/17/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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